

Child Ready Montana: North Central Region Pediatric Readiness Site Assessment Key Findings

The intent of the proposed Child Ready Montana program is to develop an *accountable*, *culturally competent*, and *accessible* system of care for pediatric patients across the state, which will result in providing the right care at the right time in the right place. Site assessments were conducted by Child Ready Montana project staff with support from St. Vincent Healthcare and Montana EMS-C.

Recommendations

- Develop standardized transport protocols both within facilities and regionally.
- Create triage protocols with facilities and regionally.
- Incorporate cultural competency training into all staff training programs.
- All facilities acquire equipment needed to handle emergent pediatric patients such as Telehealth, Broselow bags, and CPR carts.
- Develop standardized Telehealth training program for all facilities.
- Explore options for developing an emergent pediatrics training program to address the lack of experience across facilities in the region.
- Develop a sustainable system for maintaining appropriate staff certifications including PALS/PEARS/ENPC.

Accountability

- Only one of the ten hospitals surveyed had a triage protocol in place at time of assessment.
- All facilities lacked a transport decision protocol. This decision was usually made by the on-call physician.
- Nine of the ten hospitals had a crisis debriefing protocol in place; however, many stated it was underutilized.

Cultural Competency

- In general facilities served populations that were not culturally diverse based on census data.
- Two of the ten facilities serve Hutterite populations and one serves a Native American population as well. One facility has population-specific training on-site that fosters cultural sensitivity within their staff.

Accessibility

- Four of the ten facilities lacked Telehealth equipment completely. A handful of others had equipment but it was not easily accessible. Most often, it was found in their conference rooms.
- One out of ten facilities lacked a Broselow Bag and CPR cart. Three facilities lacked Broselow Bags and equipment that was up to date.
- All 10 facilities desired more training with their Telehealth systems.
- All 10 facilities reported a need for more training with emergent pediatric scenarios due to the low volume of pediatric patients seen at each facility and regionally.
- Only 3 of 10 sites reported having ED nurses that were ENPC certified. A few facilities used the TNCC or PALS certifications for their ED nurses instead. Travel to certification classes was required for most of the facilities surveyed.
- Four of ten EMS crews were reported to be PEARS/PALS certified. One facility noted that only their paramedics were PEARS/PALS certified, EMTs were not. All other facilities reported that their crews were not certified.
- All 10 facilities felt like communication with EMS crews was efficient and effective.

Notes

- Reporting inconsistency was observed during analysis of North Central MT site assessments. Site evaluators and/or recorders responded “N/A” or left parts of the assessments blank in areas concerning Telehealth capabilities resulting in inaccurate assessment of Telehealth accessibility.